

## **Bibliographic Information Application Data Sheet (ADS)**

### **Inventor Information**

Inventor One Given Name:: Michael  
Family Name:: Lebner  
Name Suffix::  
Mailing Address Line One:: 66 Maugus Avenue  
Mailing Address Line Two::  
City:: Wellesley Hills  
State or Province:: MA  
Postal or Zip Code:: 02481

City of Residence:: Wellesley Hills  
State or Prov. of Residence:: MA  
Country of Residence:: USA

Citizenship Country:: US

[repeat for additional inventors]

### **Correspondence Information**

Name Line One:: Kevin M. Farrell  
Name Line Two:: Pierce Atwood  
Address Line One:: One New Hampshire Avenue  
Address Line Two:: Suite 350  
City:: Portsmouth  
State or Province:: NH  
Country:: USA  
Postal or Zip Code:: 03801  
Telephone:: (603) 433-6300  
Fax:: (603) 433-6372  
Electronic Mail::

### **Application Information**

Title Line One:: DEVICE FOR LACERATION OR INCISION CLOSURE  
Title Line Two::  
[Repeat for any additional lines]  
Suggested classification::  
Suggested Tech. Center::  
Total Drawing Sheets:: 3  
Suggested Dwg. Figure for Pub.: 1  
Docket Number:: 0156-2004US01  
Application Type:: Utility

Licensed US Govt. Agency::

Contract or Grant Numbers One::  
Contract or Grant Numbers Two::  
Secrecy Order in Parent Appl.?:: [Yes or No]

If plant parent app.,  
Latin name of genus and species of plant claimed::

**Representative Information**

Registration Number One:: 35,505  
Registration Number Two::  
[Repeat for extra registration numbers]

**Domestic Priority Information**

This application is a:: [Continuation of, Continuation-in-part of, Division of,  
Non-Provisional of, National Stage of, Reissue of,  
Reexamination of, Substitution for]

Application One::  
Filing Date::

which is a::  
Application Two::  
Filing Date::  
[repeat as necessary]

**Foreign Application Information**

Foreign Application One::  
Filing Date::  
Country::  
Priority Claimed: [Yes or No]

**Assignee Information**

Name of assignee:: ClozeX Medical, LLC  
Address Line One:: 16 Laurel Avenue  
Address Line Two:: Suite 200  
City:: Wellesley  
State or Province:: MA  
Country:: USA  
Postal or Zip Code:: 02481-7530